



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90117 025 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P05000093674 1. Entity Name LUKOBAL, CORP. | | | |  | |
| Principal Place of Business 1920 S OCEAN DR 8A HALLANDALE, FL 33009 | | | Mailing Address 1920 S OCEAN DR 8A HALLANDALE, FL 33009 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number <div style="border: 1px solid black; display: inline-block; padding: 2px;">20-3093164</div> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Barcode:  | |
| 6. Name and Address of Current Registered Agent SORSHER, ALEX 2500-1 N STATE ROAD 7 HOLLYWOOD, FL 33021 | | | 7. Name and Address of New Registered Agent Name: <u>Bogdansky, Alexander</u> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; display: inline-block; padding: 2px;">1920 S. Ocean Dr. # 8A</div> City: <u>Hallandale</u> FL Zip Code: <u>33009</u> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Alex Bogdansky</u> DATE: <u>03/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOGDANSKY, ALEXANDER 1920 S OCEAN DR STE 8A HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOGDANSKY, LUCY 1920 S OCEAN DR STE 8A HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Alex Bogdansky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>03/13/06</u> Office Phone #: <u>(954) 638-9933</u> | | |